Gila Box Advisory Committee Nomination Form

Nominee's Full Name:		
Business Address:	Home Address:	
Business Phone:	Home Phone:	
Email Address:		
Occupation/Title:		
Indicate Area of Interest and Expertise to be Represented:		
Governor of Arizona Representative		
County Representative – Graham or Greenlee (circle one)		
<u>X</u> Resource Expertise related to the Gila Box:		

Education - (colleges, degrees, major field of study; training related to category represented):

Career Highlights - (significant related experience, civic and professional activities, elected offices, prior advisory committee experience, or career achievements related to the interest to be represented):
Experience Related to or Knowledge of the Gila Box Riparian National Conservation Area:
Experience in Working with Diverse Groups to Achieve Collaborative Solutions (e.g., civic organizations, planning commissions, school boards):
Other Qualifications - (other experience not covered in above categories):
Indicate any BLM permits, leases or licenses held:

Nominee's Name_____

Nominated by:	
Name:	
Address:	
Business Phone:	Home Phone:
Email Address:	
Affiliation:	
Advisory Committee Requirements: Those selected to so three-year terms beginning on the date of their appointment travel and per diem expenses at current rates for government averaged and per diem expenses at current rates for government averaged and per diem expenses at current rates for government averaged and per diem expenses at current rates for government averaged and per diem expenses at current rates for government averaged and per diem expenses at current rates for government averaged and per diem expenses at current rates for government averaged and per diem expenses at current rates for government and per diem expenses at current rates for government averaged and per diem expenses at current rates for g	serve on the Gila Box Advisory Committee may serve at. Members serve without salary, but are reimbursed for ent employees. Formation is contained in 5 U.S.C. 301, the Federal of Federal Regulations. It is used by the appointment lated to possible service on an Advisory Council of the dvisor, the information will be retained by the appointing ed or returned (if requested) within 60 days following of this form is voluntary. However, failure to complete any
Signature	Date
Mail nomination to:	

Nominee's Name____

Mail nomination to:

Tom Schnell, Acting Field Manager BLM Safford Field Office 711 14th Avenue Safford, AZ 85546